

## PART B - FEE(S) TRANSMITTAL

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27624 7590 10/21/2009

**AKZO NOBEL INC.**  
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(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10541,026	07/24/2006	Peter Greenwood	ANO 6450 P1US/SWE	2302

TITLE OF INVENTION: Compositou Prepared From Silica Sol and Mineral Acid

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	01/21/2010
EXAMINER	ART UNIT	CLASS-SUBCLASS				
KALAFUT, STEPHEN J	1795	029-623100				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.36).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/17, Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
 (1) the name of up to 3 registered patent attorneys or agents, OR, alternatively,  
 (2) the name of a single firm, having as a member a registered attorney or agent, and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Robert C. Morris  
 2. David J. Serbin  
 3.  

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

**AKZO NOBEL N.V.**

**ARNHEM, NETHERLANDS**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:  Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies \_\_\_\_\_  Payment of Fee(s) (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **01-1350** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)  
 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Date January 20, 2010

Typed or printed name Robert C. Morris

Registration No. **42,910**

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